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FROM: Michael I. Stewart / 416-849-8400

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no betterns are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/899 882 Filing Date November 4, 2003 TRANSMITTAL First Named Inventor Robert C. Brunham **FORM** Art Unit 1845 Examiner Name Virginia Allen Portner (to be used for all correspondence after initial filing) Attorney Docket Number 1038-1274 MIS:Ib Total Number of Pages in This Submission ENCLOSURES (Check all that apply) After Allowance Communication to TC × Drawing(s) Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appost Notice, Briof, Reply Brief) Petition Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidevits/declaration(s) Other Enclosure(s) (please identify X Terminal Disclalmer below): Extension of Time Request Recordation Form Request for Refund Express Abandonment Request Issue Fee and Publication Fee CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Sim & McBurney Signature Printed name Michael I. Stewart Reg. No. 24,973 Date November 15, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facelimite transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mall in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature November 15, 2005 Date Michael I. Stewart Typed or printed name

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Under the Pacentwork Reduction Act of 1995, no behavior are required to respond to a collection of information upless it displays a valid QMB control number Complete If Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818). 10/699,882 Application Number TRANSMI Filing Date November 4, 2003 For FY 2005 First Named Inventor Robert C. Brunham Examiner Name Ginny Portner Applicant claims small entity status. See 37 CFR 1.27 1645 Art Unit 1038-1274 MIS TOTAL AMOUNT OF PAYMENT 1,740.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Credit Card Money Order None l Check Deposit Account Name: Sim & McBurney Deposit Account Doposit Account Number: 192253 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge (ee(s) indicated below, except for the filing foo Charge fee(a) Indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Feos Pald (\$) Fee (\$) Foo (\$) Fee (\$) Fog (\$) Application Type Fee (\$) Fee (\$) 200 100 300 150 500 250 Utility 50 130 65 100 100 200 Design 160 80 100 300 150 200 Plant 600 500 250 300 300 150 Reissue 0 200 100 ٥ ٥ Provisional Small Entity 2. EXCESS CLAIM FEES Foo (\$) Fee (\$) Foo Description 25 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Extra Claims Total Claims Fee Pald (\$) Fee (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims -3 or HP ≉ HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thercof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Number of each additional 50 or frac Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) Total Sheets (round up to a whole number) x / 50 = - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

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transmitted to the USPTO (571) 273-2885, on the date indicated below. Michael I. Stewart Sim & McBurney 6th Floor 330 University Avenue (Depositor) name Toronto, ON M5G 1R7 (Stenanure) CANADA (Date) CONFIRMATION NO. ATTORNEY DOCKET NO. FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 1038-1274 MIS:JB 7783 Robert C. Brunham 11/04/2003 10/699.882 TITLE OF INVENTION: TWO-STEP IMMUNIZATION PROCEDURE AGAINST CHLAMYDIA INFECTION TOTAL FEE(S) DUE DATE DUE PUBLICATION FEE ISSUE FER SMALL ENTITY APPLN. TYPE 12/14/2005 \$1700 \$300 \$1400 NO nonprovisional CLASS-SUBCLASS AKT UNIT EXAMINER 514-044000 PORTNER, VIRGINIA ALLEN 1645 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Sim & McBurney (1) the names of up to 3 registered potent attorneys or agents OR, alternatively. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rey 03-02 or more recent) anached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Sanofi Pásteun? Limited Toronto, Ontario 4b. Payment of Fcc(s): 4a. The following fee(s) are enclosed: A check in the amount of the fee(s) is enclosed. Alsaie Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby amborized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19225 (enclose an extra copy of this form). X Advance Order - # of Copies 11 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY states. See 37 CFR 1.27. The Director of the USFTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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